



Theme for 2003

## **Stigma and Discrimination**

### **Live and Let Live**

**World AIDS Day is celebrated worldwide on December 1<sup>st</sup> each year.**

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World AIDS Day has a special place in the [history](#) of the AIDS pandemic. Since 1988 December 1st has been a day bringing messages of compassion, hope, solidarity and understanding about AIDS to every country in the world. World AIDS Day emerged from the call by the World Summit of Ministers of Health on Programmes for AIDS Prevention in January 1988 to open channels of communication, strengthen the exchange of information and experience, and forge a spirit of social tolerance. Since then, World AIDS Day has received the support of the World Health Assembly, the United Nations system, and governments, communities and individuals around the world. Each year, it is the only international day of coordinated action against AIDS.

Even though it is still called "**World AIDS Day**", it focuses on both HIV infection and it's most life threatening stage, AIDS. HIV is a retrovirus that is 1/10,000 of a millimeter in diameter. It replicates and destroys the immune system defenses of those infected. When the immune system is sufficiently compromised opportunistic infections are able to multiply and can cause severe illness, incapacitation, and even death.

## **History of HIV and AIDS (HIV disease)**

For a disease, HIV disease has had a short history, but worldwide impact. The first report of AIDS was 22 years ago. At that time the epidemic was largely among men who have sex with other men. The causative virus was identified in 1984 and by 1985 testing was available for the nation's blood supply, Rock Hudson died of AIDS, and Ryan White started his fight to attend school even though he was infected with the virus. Most diagnoses were made after the immune system was devastated. Death was the natural outcome within a couple of years.

By 1987 azidothymidine (AZT) was available for treatment and prolonged life. In 1995 pregnant women began taking AZT to reduce the incidence of vertical transmission from mother to child from 25-30% to 2-4% today. In 1996 Highly Active Antiretroviral Therapy (HAART) became available. This, along with other treatments and treatment plans, has prolonged life and the quality of life. Meanwhile, the disease has spread to include the entire world. The treatments are not available to most of those infected due to infrastructure, logistics, medical care, or cost. Treatment and death are related worldwide: the more treatment the less death. In 1999 vaccine trials began. In 2003 there is no cure. **There is only prevention.**

HIV disease impacts most areas of human life. It impacts family income, life expectancy of the head of the household, mothers and wage earners. It takes a toll on educators and education, health care providers and the health care system in quality and quantity, and economic enterprises by weakening economic activity and production.



The Red Ribbon is an international symbol of AIDS awareness that is worn by people all year round and particularly around World AIDS Day to demonstrate care and concern about HIV disease and to remind others of the need for their support and commitment. The red ribbon started as a "grass roots" effort, and as a result there is no official red ribbon, and many people make their own.

## **Worldwide AIDS**

Worldwide there are approximately 42 million people living with HIV disease (2 million more than a year ago): 38.6 million adults, 3.2 million children under 15 years of age, and 19.4 million women. More than 5 million were infected in 2002 and 2 million were women. More than 63 million have been infected. There are more than 14,000 people infected with HIV every day. More than 3 million died with AIDS in 2001 and more than 21.8 million have died worldwide. There have been over 14 million children orphaned due to the parents dying with HIV disease.

The world's poorest countries host 95% of the world's AIDS cases. In sub-Saharan Africa alone there are 29.4 million people living with HIV disease with 3.5 million becoming infected in 2002. In several southern African countries 1 in 5 adults is infected with HIV. This area has more women than men (58%) infected. In 2002 2.4 million people died of HIV disease.

Africa is the area of the world that has been the most impacted by the disease, but today Eurasia is facing a massive epidemic. Eurasia has 5/8 of the world population and an unfolding epidemic with 7 million infected with HIV by 2001. It took less than 10 years for sub-Saharan Africa to go from 7 million to 25 million. Especially hard hit are Russia, India, and The People's Republic of China.

The most frequent mode of transmission in the world now is heterosexual contact. The most frequent in the United States is still men who have sex with men, but heterosexual transmission is gaining. Even though there is no treatment, there are prevention techniques. The most common ones being sexual abstinence, monogamous sexual relationships with non-HIV infected partners, using condoms with every sexual encounter, not sharing needles, and using clean needles for injecting drugs.

## **United States AIDS and HIV**

As of the end of 2002, 886,575 people had been diagnosed with AIDS in the United States and reported to the Centers for Disease Control and Prevention (CDC). Since HAART became widespread during 1996, trends in AIDS incidence have become less reflective of underlying trends in HIV transmission due to less progression to the stage of AIDS. To better monitor patterns of HIV diagnosis, most states (49) have implemented HIV surveillance, some quite recently. Indiana began HIV surveillance in the late 1980s.

There are 49 states that report HIV infections (all stages prior to AIDS) but only 35 states report name and other identifying information, so it is difficult to determine how much duplication there is in the case totals. It is estimated that 281,931 people are currently living with HIV disease. For reporting of HIV and AIDS, American Samoa, Guam, Mariana Islands, and Virgin Islands are included because they also report to the CDC.

During the 1990s, the epidemic shifted steadily toward a growing proportion of AIDS cases in blacks and Hispanics and in women, and toward a decreasing proportion in men who have sex with men, although this group remains the largest single infected group. Blacks and Hispanics, among whom AIDS rates have been markedly higher than among whites, have been disproportionately affected since the early years of the epidemic. In 2002 the rate per 100,000 population of diagnoses of AIDS was 58.7 for Blacks, was 19.2 for Hispanics and 5.9 for whites. In 2002 adult women were 26% of the reported cases of AIDS with a rate of 8.8 per /100,000 population while adult men had a rate of 26.4/ per 100,000 population.

The most frequent mode of transmission or risk factor in the United States is still men who have sex with men. Cumulatively they have contributed 45% of the cases of AIDS. Heterosexual exposure to an infected person was 100,071 or 12% cumulatively and 7,953 or 18% in 2002. Other modes for 2002 were: injecting drug use, 7,502 or 17%; men who have sex with men and inject drugs, 1,510 or 3%; hemophilia or a coagulation disorder, 90 or less than 1%; a blood transfusion or a tissue transplant, 265 or 1%; and those that have not identified their risk factor, 11,927 or 27%.

The age groups most frequently reported in 2002 were the 25-54 year olds with 36,574 or 87% of the diagnoses. There were 1,638 reports of AIDS in the 15-24 year age group. Those that have been diagnosed with the most severe stage of HIV disease, AIDS, while in their 20's were probably infected in their teenage years.

There have been 501,669 deaths with HIV disease in the United States.

## **Indiana AIDS**

A complete breakdown of HIV and AIDS data is available by selecting quarterly reports and then October 2003 at [www.statehealth.in.gov/programs/hivstd/index.htm](http://www.statehealth.in.gov/programs/hivstd/index.htm).

As of June 30, 2002, there have been 7,180 Hoosiers reported with AIDS.

Cumulative AIDS numbers have increased at about the same rate as the U.S. numbers but with different distribution among the populations. In Indiana males continue to represent the majority of cases, with 6,333 or 88% of all reports of AIDS. In 2002 males had decreased to 83%. In the first 6 months of 2003 males accounted for 80% of the reports. The cumulative number of females is 847 or 12%. Females are increasing at a steady but slow rate.

White, non-Hispanic continues to be the most frequently reported race and ethnicity combination, with a cumulative total of 4,873 or 69% through June 2003. In 2002 whites accounted for 53% of reports of AIDS and in the first 6 months of 2003 whites accounted for 56%. The Blacks, non-Hispanic race/ethnicity combination, continues to be disproportionately represented. Blacks report 1,920 or 27% of all reports of AIDS. In 2002 blacks accounted for 39% of reports of AIDS and 40% in the first 6 months of 2003. Blacks represent 8.2% of the population of Indiana. Hispanics of all races are also disproportionately represented. Hispanics represent about 3.5% of the population of Indiana and 244 reports of AIDS, or 3.5% cumulatively. However, in 2002 the percentage was 7.1%. The other races and ethnicities represent less than 1% of the AIDS cases.

The most frequent mode of transmission or risk factor in Indiana is still men who have sex with men. Cumulatively they represent 62% or 4,413 cases. In 2002 it was 50% and in the first 6 months of 2003 it was 46%. This is slightly higher than for the U.S. The percentages for other modes of transmission were as follows: men who have sex with men and inject drugs, 25 (5%); heterosexuals who inject drugs, 55 (11%); Hemophilia or coagulation disorders, 1 (<1%); heterosexual contact with an infected person, 80 (17%); and blood transfusions or tissue transplants, 3(<1%).

There were 15% of the reports of AIDS that did not include a risk factor. This affects the percentage of all other factors. This represents a large number of people who cannot or will not disclose the mode of transmission of the virus. Without this disclosure it is more difficult to provide effective prevention assistance. Without effective preventative interventions there will be further transmission of the virus to other people.

The age groups most frequently reported in 2002 were the 30-39 year olds and the 40-49 year olds, both with 172 or 36% of cases. There were also 172 (36%) in the 40-49 age group. There were 51 (11%) diagnosed in the 20-29 year age group, and 4 (<1%) in the pediatric and adolescent years of 0-19. Adults over 50 have been diagnosed with AIDS 83 times or 17% of the total for Indiana. The age groups did not change significantly in 2002 reports except for those over 50 that climbed to 17% from 11% in 2001.

At the end of June 2002 there were 3,412 people living with AIDS in Indiana. There were an additional 3,732 people living with HIV infection. There were also 342 children who were born to HIV infected mothers and have either been determined not to be infected or it has not yet been determined.

## **Indiana HIV Infection (HIV)**

In Indiana, males continue to constitute the majority of reports, 348 or 79% of all reports of HIV in 2002. In the first 6 months of 2003 males had decreased to 75% of the reports of HIV. The 2002 number of females was 91 or 21% of cases. Females have increased to 25% in the first 6 months of 2003.

White, non-Hispanic continues to be the most frequently reported race and ethnicity combination with 238 or 54% reported in 2002. In the first 6 months of 2003 whites accounted for 55%. The Blacks, non-Hispanic race/ethnicity combination continues to be disproportionately represented. In 2002 blacks accounted for 40% of reports of HIV and 39% in the first 6 months of 2003. Blacks represent 8.2% of the population of Indiana. Hispanics of all races are also disproportionately represented. Hispanics represent about 3.5% of the population of Indiana. In 2002, 4% of reports were in Hispanics, and in the first 6 months of 2003, it was 6%. The other races and ethnicities represent less than 1% of the HIV reports.

The most frequent mode of transmission or risk factor in Indiana is still men who have sex with men. They represented 51% or 225 cases in 2002. In the first 6 months of 2003 it was down to 39%. It is unclear if this decrease/reduction will continue in the future. In 2002 other modes of transmission were: men who have sex with men and inject drugs, 19 (4%); heterosexuals who inject drugs, 26 (6%); Hemophilia or coagulation disorders, none; heterosexual contact with an infected person, 73 (17%); and blood transfusions or tissue transplants, 2 (<1%).

The age groups most frequently diagnosed in 2002 were the 30-49 year olds with 184 or 42%. There were 127 (29%) diagnosed in the 20-29 year age group and 29 (7%) in the pediatric and adolescent years of 0-19. Adults over 50 have been diagnosed with HIV 20 times or 5% of the total for Indiana. It appears that many people are not being diagnosed until they have been infected for several years. From 2000 through June of 2003 reports of HIV were within 3 months of a diagnosis of AIDS for 33% of the reports. This implies that HIV was being spread during the previous years of infection and that treatment and a productive life are more difficult at the point of illness.

## **Deaths**

In Indiana there have been 4,033 people die with HIV disease. This is 36% of those reported with HIV disease.

## Prevalence of HIV disease in Indiana

Each county in Indiana has had a resident diagnosed with HIV disease. The counties with over 100 infected people living in the county as of June 30 2003 include, in descending order of the number of persons: MARION, LAKE, ALLEN, ST. JOSEPH, VANDERBURGH, VIGO, MADISON, MONROE, LA PORTE, CLARK, PORTER, ELKHART, DELAWARE, and HAMILTON.

The following is a table of those living with HIV disease in Indiana by gender, race/ethnicity, and selected modes of transmission.

**Table 1. Living with HIV disease in Indiana - June 30, 2003**

	Number	Percentage
<b>Gender</b>		
Male	6,339	81%
Female	1,487	19%
<b>Race/Ethnicity</b>		
White	4,698	60%
Black	2,699	35%
Hispanic (all races)	377	5%
<b>Risk Factor</b>		
Men who have sex with men (MSM)	4,059	52%
Injecting drug user (IDU)	816	10%
MSM and IDU	439	6%
Heterosexual contact with HIV infected person	1,190	15%
Not able to identify/report	817	10%

## New developments

New reports of HIV infection do not necessarily reflect HIV incidence, (i.e., new infections). The monitoring of new infections, not new diagnoses, is critical in evaluating progress toward the goal of reducing the number of new HIV infections by half by 2005. One method for estimating HIV incidence is to apply the **Serologic Testing Algorithm for Recent HIV Seroconversions (STARHS)** to serologic specimens from new HIV diagnoses. Indiana has been granted funding to work with other states and CDC to implement STARHS. A detuned assay of serologic specimens can identify infections that are older than about 6 months. If the specimen is not positive for HIV by this method the infection is recent. A timeline for implementation is 2004.

In November 2002, the U.S. Food and Drug Administration has approved a **new rapid HIV diagnostic test** kit that provides results with 99.6% accuracy in as little as 20 minutes. It uses less than a drop of blood and quickly and reliably detects antibodies to HIV-1. It can be stored at room temperature, and requires no specialized equipment. It is called The OraQuick Rapid HIV-1 Antibody Test and is manufactured by OraSure Technologies, Inc. A positive screening test result must be confirmed by additional specific approved test. It has not been approved for use by blood banks or plasma collection centers. It is not available for home use.

## World AIDS Day Activities

There are numerous World AIDS Day activities around Indiana between now and December 1<sup>st</sup>. Check the local health department and AIDS Service Organization.

AIDS Ministries in Elkhart is having a church service at Agape Missionary Baptist Church at 5:00pm

Goshen College World AIDS Day Community Awareness Day is December 1<sup>st</sup> 7-9pm.

Notre Dame is having HIV testing and a presentation

East Central Indiana AIDS Task Force out of Jay County is celebrating from November 22<sup>nd</sup> through December 9<sup>th</sup>. November 22 – Agency Open House and informational sharing with the community; November 25<sup>th</sup> the mayor of Portland is signing a proclamation of AIDS Awareness Week from December 1-7, 2003; November 30<sup>th</sup> – Interfaith Declaration with community churches; December 1-5 – AIDS Awareness and Education at Jay County High School; December 4-9 – Ball State University will display panels from the AIDS Memorial Quilt in the Student Union Hall.

AIDS Ministries/AIDS Assist in South Bend will host a youth event with Indiana University of South Bend's Office of Campus Diversity on November 29<sup>th</sup> from 9:00am until 2:00pm.

The Circle City HIV/AIDS Coalition will observe World AIDS Day on December 1<sup>st</sup> at 6:00pm at the Jesus Metropolitan Community Church. Panels of the AIDS Memorial Quilt will be on display. Reception follows. Additional information and resources may be found at:

<http://www.avert.org/>

<http://www.cdc.gov/hiv/stats/hasrlink.htm>

<http://www.statehealth.in.gov/programs/hivstd/index.htm>

<http://www.kff.org/worldaidsday>

<http://www.unaids.org>

<http://www.worldaidsday.org>

HIV remains a highly stigmatized condition. HIV related discrimination is widespread and worldwide. Discrimination affects the quality of life of people with HIV and makes care and prevention efforts more difficult as people are alienated from testing, treatment, and prevention services. This can also lead to people with HIV losing their friends, jobs, families, and homes.

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